## APPLICATION FOR SEARCH OF BIRTH RECORD FILES

## (FURNISH ALL POSSIBLE INFORMATION-PLEASE PRINT)

Full Name: _				
	First	Middle		Last
Place of Birth:	Street/Rte/Hospital	City/Township		County
Date of Birth:		Sex: Male	Female	
Father:	Full Name			
Mother:	Full Maiden Name		Married Nam	e
Parents Addre	ss at Time of This Birth:			
APPLICATIO	ON MADE BY:			
Name:				
Signature:				
Street Address	s:	<del></del>		
City:	State:	Zip Code: _		
Your Relation	ship to Person:			
Driver License	e/Identification Card:			
Phone Numbe	r			

## **Copy of applicants State Issued Identification**

\$7.00 First Copy, \$2.00 Each Additional

Genealogy Copies a require a NON REFUNDABLE \$10.00 Search fee PLUS \$7.00 (SEARCH FEE MUST BE A SEPARTE CHECK OR MONEY ORDER)

(Genealogical copies are non certified copies for those born 75 years ago or more only)

Send to:

Ford County Clerk & Recorder 200 W. State St., Room 101 Paxton, IL. 60957